



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

Food Establishment Inspection Report

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Delaware Division of Public Health
Office of Food Protection
417 Federal St., Dover, DE 19901

No. of Risk Factor/Intervention Violations 0

Date 8-30-19

No. of Repeat Risk Factor/Intervention Violations 0

Time In 2:00

Score (optional) NA

Time Out 2:50pm

Establishment: Quality Sub Market Address: 2205 N. Market St. City/State: Wilmington, DE Zip Code: 19802 Telephone: 655-8562
License/Permit #: Unpermitted Permit Holder: Bao Jun Huang Purpose of Inspection: Follow Up Est. Type: FC Risk Category: Med

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=In compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Time/Temperature Control for Safety			
1	IN OUT			17	IN OUT		
Person in charge present, demonstrates knowledge, and performs duties				Proper disposition of returned, previously served, conditioned & unsafe food			
2	IN OUT N/A			Consumer Advisory			
Certified Food Protection Manager				25	IN OUT N/A		
Employee Health				Consumer advisory provided for raw/undercooked food			
3	IN OUT			Highly Susceptible Populations			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				26	IN OUT N/A		
4	IN OUT			Pasteurized foods used; prohibited foods not offered			
Proper use of restriction and exclusion				Food/Color Additives and Toxic Substances			
5	IN OUT			27	IN OUT N/A		
Procedures for responding to vomiting and diarrheal events				Food additives: approved & properly used			
Good Hygienic Practices				28	IN OUT N/A		
6	IN OUT N/O			Toxic substances properly identified, stored, & used			
Proper eating, tasting, drinking, or tobacco use				Conformance with Approved Procedures			
7	IN OUT N/O			29	IN OUT N/A		
No discharge from eyes, nose, and mouth				Compliance with variance/specialized process/HACCP			
Preventing Contamination by Hands							
8	IN OUT N/O						
Hands clean & properly washed							
9	IN OUT N/A N/O						
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed							
10	IN OUT						
Adequate handwashing sinks properly supplied and accessible							
Approved Source							
11	IN OUT						
Food obtained from approved source							
12	IN OUT N/A N/O						
Food received at proper temperature							
13	IN OUT						
Food in good condition, safe, & unadulterated							
14	IN OUT N/A N/O						
Required records available: shellstock tags, parasite destruction							
Protection from Contamination							
15	IN OUT N/A N/O						
Food separated and protected							
16	IN OUT N/A						
Food-contact surfaces: cleaned & sanitized							

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water & ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored & used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, & animals not present			52	Sewage & waste water properly disposed		
39	Contamination prevented during food preparation, storage & display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used & stored			55	Physical facilities installed, maintained, & clean		
42	Washing fruits & vegetables			56	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)

Date: 8-30-19

Inspector (Signature)

NCC EHSTI 043

Follow-up:

YES

NO

(Circle one)

Follow-up Date:



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Inspection Report

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Delaware Division of Public Health
Health Systems Protection
417 Federal St., Dover, DE 19901

License/Permit #

Unpermitted

Date

8-30-19

Establishment

Quality Sub Market

Address

2205 N. Market St. Wilm, DE

City/State

Zip Code

19802

Telephone

655 8582

OBSERVATIONS AND CORRECTIVE ACTIONS

Item
Number

Unpermitted

Health Department received notification that establishment did a change of ownership and failed to report it. Operators are currently operating under the permit and business license of previous. Operators advised that permits are non transferable. Operators must cease and desist all food operations effective immediately. Operators must complete Change of Ownership application process. Food operation must remain closed until approval to reopen by Health Dept.

CLOSED

Person in Charge (Signature)

[Signature]

Date:

8-30-19

Inspector (Signature)

NCC FHST1043

Date:

8-30-19